

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/574,240</td> </tr> <tr> <td>Filing Date</td> <td>January 11, 2007</td> </tr> <tr> <td>First Named Inventor</td> <td>Metr FUCHS et al.</td> </tr> <tr> <td>Title</td> <td>Distribution Of Multicast Data To Users</td> </tr> <tr> <td>Art Unit</td> <td>2472</td> </tr> <tr> <td>Examiner Name</td> <td>Maglo, Emmanuel K.</td> </tr> <tr> <td>Attorney Docket Number</td> <td>0276-059</td> </tr> </table>	Application Number	10/574,240	Filing Date	January 11, 2007	First Named Inventor	Metr FUCHS et al.	Title	Distribution Of Multicast Data To Users	Art Unit	2472	Examiner Name	Maglo, Emmanuel K.	Attorney Docket Number	0276-059
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First Named Inventor	Metr FUCHS et al.														
Title	Distribution Of Multicast Data To Users														
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Examiner Name	Maglo, Emmanuel K.														
Attorney Docket Number	0276-059														

I hereby revoke all previous powers of attorney given in the above-identified application.

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Practitioner(s) Name	Registration Number

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City		State	Zip
Country			
Telephone		Email	

I am the:

<input type="checkbox"/> Applicant/Inventor. OR <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____</i>	
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SIGNATURE of Applicant or Assignee of Record			
Signature		Date	26/04/10
Name	Zion Hadad	Telephone	+972 3942-8888
Title and Company	Director, Runcom Technologies Ltd.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

<input checked="" type="checkbox"/> *Total of <u>2</u> forms are submitted.	
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